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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

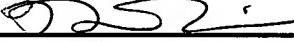
	Application Number	10/773,767
	Filing Date	February 6, 2004
	First Named Inventor	Mandema, Jacob W.
	Art Unit	1645
	Examiner Name	Unassigned
Total Number of Pages in This Submission	6	Attorney Docket Number
		021720-001310US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Postcard; and
<input checked="" type="checkbox"/> Information Disclosure Statement (2 pgs) w/attached PTO/SB/08A (1 pg) and PTO/SB/08B (1 pg) (citing references 1-4)	<input type="checkbox"/> Request for Refund	2. A copy of each of 4 references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

* Note: References not included in the total number of pages above.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 39,496
Signature		
Date	7/22/04	

CERTIFICATE OF TRANSMISSION/MAILING

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On 7/23/04

TOWNSEND and TOWNSEND and CREW LLP

By: 

Tiffany Wu

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jacob W. Mandema et al.

Application No.: 10/773,767

Filed: February 6, 2004

For: DRUG MODEL EXPLORER

Examiner: Unassigned

Art Unit: 1645

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Kent J. Tobin
Reg. No. 39,496

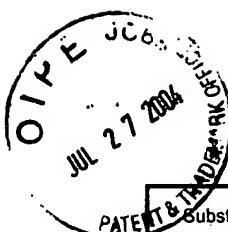
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60266573 v1



Substitute for form 1449A/PTO		<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/773,767
		Filing Date	February 6, 2004
		First Named Inventor	Mandema, Jacob W.
		Art Unit	1645
		Examiner Name	Unassigned
Sheet	1	of	2
		Attorney Docket Number.	

Examiner Signature		Date Considered	
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ² Applicant's unique citation designation number (optional). ³ Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ⁴ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.



Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				<i>Application Number</i>	10/773,767
(use as many sheets as necessary)				<i>Filing Date</i>	February 6, 2004
				<i>First Named Inventor</i>	Mandema, Jacob W.
				<i>Art Unit</i>	1645
				<i>Examiner Name</i>	Unassigned
Sheet	2	of	2	<i>Attorney Docket Number</i>	021720-001310US

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T ²
	3	HOLFORD et al., Simulation of Clinical Trials, <i>Annu Rev Pharmacol Toxicol.</i> 2000;40:209-34		
	4	SHEINER et al. Pharmacokinetic/Pharmacodynamic, Modelling in Drug Development. <i>Annu Rev Pharmacol Toxicol</i> 40, 67-96, 2000.		

Examiner Signature	Date Considered
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